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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/619,142	<b>FILING DATE</b> 07/19/2000 <b>RULE</b> -	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1615	<b>ATTORNEY DOCKET NO.</b> Knowles/HairLoss
<b>APPLICANTS</b> W. Ray Knowles, Houston, TX ; <b>** CONTINUING DATA *****</b> none (W) <b>** FOREIGN APPLICATIONS *****</b> none (W)				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/06/2000</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>Examiner's Signature</u> Initials		<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWING</b> -	<b>TOTAL CLAIMS</b> 22 <b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b>				
22925				
<b>TITLE</b>				
Hair loss prevention				
<b>FILING FEE RECEIVED</b> 726	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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CONFIRMATION NO. 1598

SEAL NUMBER 9/619,142	FILING DATE 07/19/2000  RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. Knowles/HairLoss
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## APPLICANTS

W. Ray Knowles, Houston, TX;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\*9/06/2000

Foreign Priority claimed 35 USC 119 (a)-(d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY TX	SHEETS DRAWING	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

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## TITLE

Hair loss prevention

FILING FEE

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726

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